

Malta Society of Arts, Manufactures & Commerce
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M E M B E R S H I P A P P L I C A T I O N F O R M

Name / Surname _____

Nationality _____

Home Address _____

Profession/ Occupation _____

Home Telephone No. _____ Mob / Office _____

E-Mail _____ Fax _____

Special interests _____

If an artist, please state whether you are interested in taking part in organised Art Exhibitions YES / NO

The Membership Fee is €15 for three years.

Applicant's Signature _____ **Date** _____